rapidity of travel today, especially by air, with its associated possibilities in the spread of diseases, epidemiology must more than ever take its place as a protective science.

San Francisco Department of Public Health.

(To be continued)

CLINICAL NOTES AND CASE REPORTS

INSTRUMENTAL PERFORATION OF THE RECTUM

By KENNETH E. SMILEY, M. D.
Los Angeles

PERFORATION of the rectum into the peritoneal cavity with the proctoscope, or with instruments passed into the rectum for treatment, has been reported infrequently, yet the danger must be recognized and constantly borne in mind. Without early recognition of the condition and prompt surgical repair of the perforation, fatal outcome is inevitable.

Injury to the rectum by falling on to sharp objects, by gunshot wounds, and by the sudden dilatation caused by compressed air is not uncommon. Spontaneous perforation or rupture caused by enemata under pressure may occur in ulcerative conditions, and indeed may occur spontaneously. Barron, in a very comprehensive paper on simple nonspecific ulcer of the colon, collected fifty cases from the literature and added three of his own. Spontaneous perforation into the peritoneal cavity occurred in the majority of these cases.

Brumbaugh reported a perforation following an attempt at sigmoidoscopy by an inexperienced individual. Goldman reports three such cases, the first in an individual with a normal bowel, the second in an individual who had had a severe diarrhea for several days, and the third occurring in a case of chronic ulcerative colitis.

REPORT OF CASES

Two cases of instrumental perforation are reported in this communication—one with a rectal stricture, and the other with probably a normal bowel.

CASE 1.—The first case is that of a male, age 52, who had neurosyphilis for which he had received intensive treatment for a number of years. He also had a stricture of the rectum of long standing. Because of this stricture, his physician had given him, two days previously, a Jelk's irrigating tube to use at home. The second time he used this, he experienced considerable difficulty passing the tube beyond the stricture, and experienced severe pain in the rectum. However, he irrigated the bowel and very shortly afterward began to have severe upper abdominal pain. He was seen by a physician, who made a provisional diagnosis of a tabetic crisis and gave morphin twice without relief, and then sent the patient to the hospital, where I saw him, it then being approximately twelve hours after the use of the irrigating tube. He appeared to be in great distress and exhibited all the classical signs and symptoms of shock. The abdomen was board-like and slightly distended, and a shifting dullness was present. On rectal examination, a stricture which admitted only the tip of the finger was found. Temperature was 97 degrees; pulse, 100; white blood count 4,000 with 67 per cent polymorphonuclears. A diagnosis of rupture of the rectum was made and, in spite of the very poor prognosis, operation was advised as offering the only hope of recovery. On opening the abdomen a large amount of seropurulent material was aspirated, and a perforation just above the peritoneal reflexion was found. The perforation was repaired with considerable difficulty owing to the extremely friable bowel wall, and the abdomen closed with drainage. The condition of the patient gradually became worse, and he died ten hours later.

* * *

CASE 2.—The second case I am allowed to report through the courtesy of a colleague. The patient was a woman, fifty-four years of age, who complained of vague upper abdominal distress. In the course of a complete study, a sigmoidoscopy was attempted by an inexperienced individual. It was stated that the patient complained of very severe pain at the time of the examination, and that the examiner believed he saw a small ulcer and a bleeding point on the bowel wall. The patient was fairly comfortable until two hours later, when she began to have severe, generalized abdominal pain, which gradually increased in severity and was accompanied by a board-like rigidity of the abdomen. A diagnosis of rupture of the rectum was made, but operation was refused. At autopsy a perforation of the rectum was found without indication of any previous pathology in the bowel wall.

Such accidents probably occur much more frequently than the reported cases would indicate, and yet in this day of the indiscriminate use of colonic irrigations by incompetent individuals, gyser-like enemata, and all types of rectal instrumentation, it is small wonder that we do not see perforations with much greater frequency.

With a history of some type of instrumentation or treatment, and with the usual signs and symptoms of perforation of the bowel, diagnosis should not be difficult. Early operation offers the only possible chance of recovery.

1930 Wilshire Boulevard.

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AN UNUSUAL CONGENITAL UROGENITAL ANOMALY

REPORT OF CASE

By D E. F. EASTON, M. D.
San Francisco

ON August 3, 1931, Mrs. L. G. came under observation for a pain in the left upper abdomen, which had been there since a severe fall in June. As a question of public liability was concerned, a complete physical examination was